

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. *Stickler*
14129
State File No. _____
Registrar's No. 80

Registration District No. 4 Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Stickler Hospital
(d) Length of stay: In hospital or institution One Day
In this community 1 yr. and 2 months

3. (a) PRINT FULL NAME Harrold Hollis Dudley
8. (b) If veteran, name war _____ 8. (c) Social Security No. 340

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 5 1938

8. AGE: Years I Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Kirksville Missouri

10. Usual occupation Child

11. Industry or business _____

12. Name Virgil Dudley
13. Birthplace Yerrow Missouri

14. Maiden name Martha Stober
15. Birthplace Macoules Missouri

16. (a) Informant Virgil Dudley
(b) Address Yerrow Missouri

17. (a) Burial (b) Date thereof 1-24-40
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville Mo

19. (a) 4-27-40 (b) Spencer L. Freeman

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville Rural
(d) Street No. R. F. D. near Yerron
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Jan day 22
year 1940 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 21
1940 to Jan 22 1940
that I last saw him alive on Jan 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Laryngitis 2 days
Pneumonia
acute tonsillitis 2 days
Pneumonia 1 day
Bronchitis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 107W

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature RO. Stickler MD
Address Kirksville Mo Date signed 1-24-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-40-1094

Date Filed MAY 16 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.